

Iowa Housing Authority

2009 Annual Plan

2009 – 2013 Version 01

Annual Statement/ Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name: <i>Iowa Housing Authority</i>	Grant Type and Number Capital Fund Program Grant No: <i>LA48P231501-09</i> Replacement Housing Factor Grant No: Date of CFFP:	FFY Grant: <i>2009</i> FFY of Grant Approval:
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Type of Grant

☒ Original Annual Statement
 ☐ Reserve for Disaster/Emergencies
 ☐ Revised Annual Statement (revision no:)
 ☐ Performance and Evaluation Report for Period Ending:
 ☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Costs ²	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	<i>\$5,000.00</i>			
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	<i>\$5,500.00</i>			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	<i>\$76,102.00</i>			
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2-19)	<i>\$86,602.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director	Date	Signature of Public Housing Manager	Date
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¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement
³ PHAs with under 250 units in management may use 100% of CFP Grants for Operations
⁴ RHF funds shall be included here

Part II: Supporting Pages

PHA Name: <i>Iowa Housing Authority</i>		Grant Type and Number Capital Fund Program Grant No: <i>LA48P231501-09</i> CFFP (Yes / No): Replacement Housing Factor Grant No:				Federal FFY of Grant: <i>2009</i>		
Development Number Name / PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Costs		Total Actual Costs		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
<i>PHA Wide</i>	<i>Management Improvements</i>	<i>1406</i>		<i>\$5,000.00</i>				
<i>PHA Wide</i>	<i>A/E Fees & Costs</i>	<i>1430</i>		<i>\$5,500.00</i>				
<i>LA231-001</i>	<i>Replace Air Conditioning</i>	<i>1460</i>	<i>40</i>	<i>\$76,102.00</i>				
				<i>\$86,602.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement
² To be completed for the Performance and Evaluation Report

[illegible]

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Part I: Summary

PHA Name/Number <i>Iowa Housing Authority</i>		Locality (City/Couty & State) <i>Iowa, LA (Calcasieu Parish)</i>		<input checked="" type="checkbox"/> Original 5-Year Plan		<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY <i>2009</i>	Work Statement for Year 2 FFY <i>2010</i>	Work Statement for Year 3 FFY <i>2011</i>	Work Statement for Year 4 FFY <i>2012</i>	Work Statement for Year 5 FFY <i>2013</i>
B.	Physical Improvements Subtotal					
C.	Management Improvements		\$ <i>5,000.00</i>	\$ <i>5,000.00</i>	\$ <i>5,000.00</i>	\$ <i>5,000.00</i>
D.	PHA-Wide Non-dwelling Structure and Equipment		\$ <i>7,602.00</i>	\$ <i>69,802.00</i>	\$ <i>76,002.00</i>	\$ <i>81,602.00</i>
E.	Administration					
F.	Other		\$ <i>74,000.00</i>	\$ <i>11,800.00</i>	\$ <i>5,600.00</i>	
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing - Debt Service					
K.	Total CFP Funds		\$ <i>86,602.00</i>	\$ <i>86,602.00</i>	\$ <i>86,602.00</i>	\$ <i>86,602.00</i>
L.	Total Non-CFP Funds					
M.	Grand Total					

Part II: Supporting Pages - Management Needs Work Statement(s)

Work Statement for Year 1 FFY <i>2009</i>	Work Statement for Year <u>2010</u> FFY <u>2010</u>			Work Statement for Year <u>2011</u> FFY <u>2011</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Costs	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Costs
	<i>Management Improvements</i>		<i>\$ 5,000.00</i>	<i>Security</i>		<i>\$ 5,000.00</i>
	Subtotal of Estimated Cost		<i>\$ 5,000.00</i>	Subtotal of Estimated Cost		<i>\$ 5,000.00</i>

Work Statement for Year 1 FFY <i>2009</i>	Work Statement for Year <i>2010</i>			Work Statement for Year <i>2011</i>		
	FFY <i>2010</i>			FFY <i>2011</i>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Costs	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Costs
	<i>Parking Lot Repairs</i>		\$ 74,000.00	<i>MOD work to units</i>		\$ 57,802.00
	<i>Repair Bath Tubs as needed</i>		\$ 7,602.00	<i>Landscape & grounds</i>		\$ 5,000.00
				<i>Re route water lines</i>		\$ 5,000.00
				<i>Replace Bathroom fixtures</i>		\$ 6,000.00
				<i>Replace Kitchen fixtures</i>		\$ 6,000.00
				<i>Hedge Cutters</i>		\$ 800.00
				<i>Paint Gun Sprayer</i>		\$ 1,000.00
	Subtotal of Estimated Cost		\$ 81,602.00	Subtotal of Estimated Cost		\$ 81,602.00

Part II: Supporting Pages - Management Needs Work Statement(s)

Work Statement for Year 1 FFY <i>2009</i>	Work Statement for Year <u>2012</u> FFY <u>2012</u>			Work Statement for Year <u>2013</u> FFY <u>2013</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Costs	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Costs
	<i>Security</i>		<i>\$ 5,000.00</i>	<i>Security</i>		<i>\$ 5,000.00</i>
	Subtotal of Estimated Cost		<i>\$ 5,000.00</i>	Subtotal of Estimated Cost		<i>\$ 5,000.00</i>

Part II: Supporting Pages - Physical Needs Work Statement(s)

Work Statement for Year 1 FFY <i>2009</i>	Work Statement for Year <u>2012</u> FFY <u>2012</u>			Work Statement for Year <u>2013</u> FFY <u>2013</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Costs	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Costs
	<i>Re-Route Water Lines</i>		\$ 5,600.00	<i>Rehab Kitchen as needed at site 001 /Counter Tops</i>		\$ 20,400.50
	<i>MOD Work to units as needed</i>		\$ 76,002.00	<i>Rehab Bathrooms as needed at site 001/Counter tops</i>		\$ 20,400.50
				<i>Rehab Kitchen as needed at site 002 /Counter Tops</i>		\$ 20,400.50
				<i>Rehab Bathrooms as needed at site</i>		\$ 20,400.50
	Subtotal of Estimated Cost		\$ 81,602.00	Subtotal of Estimated Cost		\$ 81,602.00

Required Attachment A: Community Service Requirement

In order to be eligible for continued occupancy, each adult family member must either (1) contribute to eight hours community service per month (not including political activities) within the community in which the public housing development is located or (2) participate in an economic self-sufficiency program unless they are exempt from this requirement. The following adult members are exempt from this requirement: Family members who are 62 or older, family members who are blind or disabled, family members who are primary caregiver for someone who is blind or disabled, family members engaged in work activity, family members who are exempt from work activity under Part A title IV of the Social Security Act or under any other state welfare program, including the welfare to work program, family members receiving assistance under a state program funded under Part A title IV of the Social Security Act or under any other state welfare program, including welfare to work and who are in compliance with that program.

Required Attachment C: Violence Against Women Act

*The **Iowa Housing Authority** will protect certain victims of criminal domestic violence, dating violence, sexual assault, or stalking; as well as members of the victims' immediate families from losing their HUD assisted housing as a consequence of the abuse of which they were the victim.*

10 -B. Criteria for Substantial Deviations and Significant Amendments

(1) Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

a. Substantial Deviation from the 5-Year Plan

- ✓ *Any change to Mission Statement such as:*
- ✓ *50% deletion from or addition to the goals and objectives as a whole.*
- ✓ *50% or more decrease in the quantifiable measurement of any individual goal or objective*

b. Significant Amendment or Modification to the Annual Plan

- ✓ *50% variance in the funds projected in the Capital Fund Program Annual Statement*
- ✓ *Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or the Capital Fund Program Annual Statement*
- ✓ *Any change in a policy or procedure that requires a regulatory 30-day posting*
- ✓ *Any submission to HUD that requires a separate notification to residents, such as HOPE VI, Public Housing Conversion, Demolition/Disposition, Designated Housing or Homeownership Programs*
- ✓ *Any change inconsistent with the local, approved Consolidated Plan*

D. Other Information Required by HUD

Use this section to provide any additional information requested by HUD.

Performance and Evaluation Report for 2004, 2005, 2006, 2007, 2008 Capital Fund Program and 2009 ARRA Stimulus Grant

Part I: Summary		
PHA Name: <i>Iowa Housing Authority</i>	Grant Type and Number Capital Fund Program Grant No: <i>LA48P231501-04</i> Replacement Housing Factor Grant No: Date of CFFP:	FFY Grant: <i>2004</i> FFY of Grant Approval:

Type of Grant

☐ Original Annual Statement
 ☐ Reserve for Disaster/Emergencies
 ☒ Revised Annual Statement (revision no: 1)

☒ Performance and Evaluation Report for Period Ending: *3/31/2009*
 ☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Costs ²	
		Original	Revised ¹	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$1,000.00	\$4,000.00	\$4,000.00	\$4,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	\$83,890.00	\$83,890.00	\$83,890.00	\$83,890.00
10	1460 Dwelling Structures	\$19,377.00	\$16,377.00	\$16,377.00	\$16,377.00
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2-19)	\$109,267.00	\$109,267.00	\$109,267.00	\$109,267.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

¹ To be completed for the Performance and Evaluation Report

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement

³ PHAs with under 250 units in management may use 100% of CFP Grants for Operations

⁴ RHF funds shall be included here

[illegible]

2 To be completed for the Performance and Evaluation Report

[illegible]

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Part I: Summary

PHA Name: <i>Iowa Housing Authority</i>	Grant Type and Number Capital Fund Program Grant No: <i>LA48P231501-05</i> Replacement Housing Factor Grant No: Date of CFFP:	FFY Grant: <i>2005</i> FFY of Grant Approval:
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Type of Grant

- ☐ Original Annual Statement
 ☐ Reserve for Disaster/Emergencies
 ☐ Revised Annual Statement (revision no:)
 ☒ Performance and Evaluation Report for Period Ending: *3/31/2009*
☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Costs ²	
		Original	Revised ¹	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	<i>\$5,000.00</i>		<i>\$5,000.00</i>	<i>\$5,000.00</i>
3	1408 Management Improvements	<i>\$3,000.00</i>		<i>\$3,000.00</i>	<i>\$3,000.00</i>
4	1410 Administration (may not exceed 10% of line 21)	<i>\$1,000.00</i>		<i>\$1,000.00</i>	<i>\$1,000.00</i>
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	<i>\$7,000.00</i>		<i>\$7,000.00</i>	<i>\$7,000.00</i>
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	<i>\$79,388.00</i>		<i>\$79,388.00</i>	<i>\$79,388.00</i>
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2-19)	<i>\$95,388.00</i>	<i>\$0.00</i>	<i>\$95,388.00</i>	<i>\$95,388.00</i>
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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⁴ RHF funds shall be included here

[illegible]

2 To be completed for the Performance and Evaluation Report

[illegible]

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Part I: Summary

PHA Name: <i>Iowa Housing Authority</i>	Grant Type and Number		FFY Grant: <i>2006</i>
	Capital Fund Program Grant No: <i>LA48P231501-06</i>		FFY of Grant Approval:
	Replacement Housing Factor Grant No:		
	Date of CFFP:		

Type of Grant

☐ Original Annual Statement
 ☐ Reserve for Disaster/Emergencies
 ☐ Revised Annual Statement (revision no:)
 ☒ Performance and Evaluation Report for Period Ending: *3/31/2009*
☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Costs ²	
		Original	Revised ¹	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	<i>\$5,000.00</i>		<i>\$5,000.00</i>	<i>\$0.00</i>
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	<i>\$1,000.00</i>		<i>\$1,000.00</i>	<i>\$0.00</i>
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	<i>\$7,000.00</i>		<i>\$7,000.00</i>	<i>\$0.00</i>
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	<i>\$78,515.00</i>		<i>\$78,515.00</i>	<i>\$13,286.68</i>
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2-19)	<i>\$91,515.00</i>	<i>\$0.00</i>	<i>\$91,515.00</i>	<i>\$13,286.68</i>
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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³ PHAs with under 250 units in management may use 100% of CFP Grants for Operations

⁴ RHF funds shall be included here

[illegible]

2 To be completed for the Performance and Evaluation Report

[illegible]

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Part I: Summary

PHA Name: <i>Iowa Housing Authority</i>	Grant Type and Number Capital Fund Program Grant No: <i>LA48P231501-07</i> Replacement Housing Factor Grant No: Date of CFFP:	FFY Grant: <i>2007</i> FFY of Grant Approval:
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Type of Grant

☐ Original Annual Statement
 ☐ Reserve for Disaster/Emergencies
 ☐ Revised Annual Statement (revision no:)
 ☒ Performance and Evaluation Report for Period Ending: *3/31/2009*
☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Costs ²	
		Original	Revised ¹	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	<i>\$5,000.00</i>		<i>\$5,000.00</i>	<i>\$0.00</i>
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	<i>\$17,000.00</i>		<i>\$17,000.00</i>	<i>\$0.00</i>
10	1460 Dwelling Structures	<i>\$66,920.00</i>		<i>\$66,920.00</i>	<i>\$0.00</i>
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2-19)	<i>\$88,920.00</i>	<i>\$0.00</i>	<i>\$88,920.00</i>	<i>\$0.00</i>
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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[illegible]

2 To be completed for the Performance and Evaluation Report

[illegible]

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Part I: Summary

PHA Name: <i>Iowa Housing Authority</i>	Grant Type and Number Capital Fund Program Grant No: <i>LA48P231501-08</i> Replacement Housing Factor Grant No: Date of CFFP:	FFY Grant: <i>2008</i> FFY of Grant Approval:
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Type of Grant

☐ Original Annual Statement
 ☐ Reserve for Disaster/Emergencies
 ☐ Revised Annual Statement (revision no:)
 ☒ Performance and Evaluation Report for Period Ending: *3/31/2009*
☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Costs ²	
		Original	Revised ¹	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	<i>\$5,000.00</i>			
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	<i>\$70,000.00</i>			
11	1465.1 Dwelling Equipment - Nonexpendable	<i>\$12,057.00</i>			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2-19)	<i>\$87,057.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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[illegible]

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Annual Statement/ Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name: <i>Iowa Housing Authority</i>	Grant Type and Number Capital Fund Program Grant No: <i>LA48S231501-09</i> Replacement Housing Factor Grant No: Date of CFFP:	FFY Grant: <i>2009-S</i> FFY of Grant Approval:
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Type of Grant

☐ Original Annual Statement
 ☐ Reserve for Disaster/Emergencies
 ☐ Revised Annual Statement (revision no:)
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		Original	Revised ¹	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	<i>\$5,000.00</i>			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	<i>\$105,196.00</i>			
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2-19)	<i>\$110,196.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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[illegible]

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**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the *Streamlined Annual PHA Plan***

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the ___ 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 10/2009, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).

14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Iowa Housing Authority

PHA Name

LA231

PHA Number

 5- Year PHA Plan for Fiscal Years 20 - 20

 X Annual PHA Plan for Fiscal Years 20 09 - 20 13

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Title

Katherine Cross Perradin
Signature

Chairman

Date (mm/dd/yyyy)

Katherine Cross Perradin 12-07-2009

Certification for a Drug-Free Workplace

U. S. Department of Housing and Urban Development

Applicant Name

Iowa Housing Authority

Program/Activity Receiving Federal Grant Funding

2009 Capital Fund Program

Acting on behalf of the above named Applicant as its Authorized official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession. Or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees --

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d. (2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d. (2), with respect to any employee who is convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site (s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State and zip code. Identify each sheet with the Applicant name and address and the program activity receiving grant funding.)

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
<i>Pamela Fontenot</i>	<i>Executive Director</i>
Signature	Date (mm/dd/yyyy)
<i>Pamela Fontenot</i>	<i>12-07-2009</i>

Certification of Payments to Influence Federal Transactions

U. S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Applicant Name

Iowa Housing Authority

Program/Activity Receiving Federal Grant Funding

2009 Capital Fund Program

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No federal appropriated funds have been paid or will be paid, by or on behalf of the , to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal Contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form- LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$100,000.00 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Title

*Pamela Fontenot**Executive Director*

Signature

Date (mm/dd/yyyy)

*Pamela Fontenot**12-07-2009*

**Certification by State or Local
Official of PHA Plans Consistency
With the Consolidated Plan**

U. S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

**Certification by State or Local Official of PHA Plans Consistency with the
Consolidated Plan**

I, CJ Schaufens the Mayor certify that the Five Year
Name Mayor or State Representative
and Annual PHA Plan of the Iowa Housing Authority
Name of Housing Authority
is consistent with the Consolidated Plan of the state of Louisiana prepared pursuant to 24 CFR
State Name
Part 91.

CJ Schaufens 12-7-09
Signed/Date by Appropriate State or Local Official

Civil Rights Certification

U. S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 04/30/2011

Civil Rights Certification Annual Certification and Board Resolution

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof.

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Iowa Housing Authority

PHA Name

LA231

PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	
Name of Authorized Official	Title
Katherine Cross Perrodin	Chairman
Signature	Date
Katherine Cross Perrodin	12-07-09

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by OMB
0348-0046

1. Type of Federal Action: <input checked="checked" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		2. Status of Federal Action: <input checked="checked" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		3. Report Type: <input checked="checked" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change (Only): year _____ quarter _____ date of last report _____	
4. Name and Address of Reporting Entity: <input checked="checked" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Title _____, if known: _____ Congressional District, if known: 3rd			5. If Reporting Entity in No. 4 is a Sub-awardee, Enter Name and Address of Prime: Congressional District, if known: _____		
6. Federal Department/Agency: U. S. Department of Housing and Urban Development			7. Federal Program Name/Description: 2009 Capital Fund Program CHDA Number, if applicable: _____		
8. Federal Action Number, if known:			9. Award Amount, if known: \$ _____		
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):			b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):		
11. Information requested through this form is authorized by title 31 U. S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.					
Federal Use Only:				Signature: <u>Pamela Fontenot</u> Print Name: <u>Pamela Fontenot</u> Title: <u>Executive Director</u> Telephone No.: <u>337-582-6730</u> Date: <u>12-7-09</u>	
				Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	